

Neighborhood Survey

Name(optional)_____

Address(optional)_____ Zip_____

Phone Number: Daytime_____ Evening_____

Age_____ Income_____

Employer_____ Occupation_____

Occupancy: Renter Homeowner Gender: Male Female

Y or N : I would like to join together with my neighbors in forming a
Neighborhood Association.

Y or N : I feel that it is important to get to know our Police Beat Officer(s).

Y or N : My child/children is/are interested in joining a youth service group in our
Neighborhood.

Y or N : I am available to serve on committees.

Y or N : I want to be put on the mailing list to receive future issues of a
neighborhood newsletter.

Y or N : I feel that I am part of a neighborhood.

Y or N : I would be interested in forming a neighborhood watch group.

The concerns or idea that I would like to see addressed are:

Suggestions for social events or neighborhood projects are:

The best time, day, and frequency for me to attend meetings is:

Time_____ Days: Sun Mon Tues Wed Thurs Fri Sat

Frequency (circle all that apply): Monthly Quarterly As needed

Rate your concerns on a scale 1-5 (1=not concerned, 5=very concerned)

Speeding_____ Inoperable Vehicles_____

Vandalism_____ Roads or Sidewalks_____

Traffic_____ Unkempt Yards_____

Graffiti_____ Unkempt Rental Units_____

Lighting_____ Bicycle Lanes_____

Other concerns (please list)?_____

Rate your neighborhood's public services on a scale 1-5 (1=inadequate, 5=perfect)

Police Protection _____ Fire Protection _____

Street Repair _____ Trash Collecting _____

Park Maintenance _____ Public Transportation _____

Recreation _____

Is there a service that isn't being provided? _____

Do you feel that social services are accessible? _____